

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 522429

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
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23						
24						
25						
26						
27	1					
28		1				
29						
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35						
36						
37						
38		1				
39						
40	1					
41						
42		1				
43						
44						
45						
46		1				
47						
48		1				
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.	2					
TOTAL CLAIMS	24					